European Monitoring Centre for Drugs and Drug Addiction

EMCDDA trendspotter briefing

May 2020

Impact of COVID-19 on drug services and help-seeking in Europe

The situation regarding public health responses to the COVID-19 pandemic is rapidly evolving. Up-to-date information can be found in the guidelines prepared by national public health sources and the regular updates from the European Centre for Disease Prevention and Control and the World Health Organization. The EMCDDA has created a COVID-19 resource hub for people who use drugs and drug service providers.

Summary

Since the start of 2020, European countries have been experiencing an unprecedented public health threat with the emergence of the coronavirus disease (COVID-19). In order to investigate the effects and implications of this pandemic for drug services in Europe, the European Monitoring Centre for Drugs and Drug Addiction instigated a mixed-method trendspotter study to provide a snapshot of the current situation. This exercise provides a rapid assessment of the state of play in respect to the impact of COVID-19 on service provision and help-seeking behaviour among people who use drugs.

Preliminary findings suggest there has been a decline in the availability of European drug services during the first two months of the pandemic, both those providing treatment and those providing harm reduction interventions. Drug services have largely been affected in similar ways to other frontline health services, with some providers forced to close down or restrict access. Services still working directly with clients need to implement new hygiene and social distancing measures which can be especially challenging in some of the settings in which drug services operate. It is also reported that services are increasingly using mobile or online platforms to mitigate for the current difficulties in providing face-to-face care.

While they are trying to keep operations running efficiently, service providers have identified a number of specific new COVID-19-related challenges. These include: accessing sufficient personal protective equipment for staff; informing and educating clients about COVID-19 risks; managing infected clients and concerns about staff vulnerability to infection; helping more marginalised clients to access essential hygiene-related services; challenges linked to the use of remote technology (phone and video); staffing shortages; problems enrolling new clients and managing the demand for substitution

treatment; and the need to mitigate potential risks of unintended consequences associated with rapidly implemented adaptations to normal working practices.

In respect to implications for help-seeking behaviour, an analysis of data from four countries with information available on treatment demand between January and March 2020 shows a steady decline in both new and all treatment entrants. This includes a marked overall drop of more than 50 % in opioid-using entrants over this period. While not necessarily generalisable to other countries, this suggests that a combination of public health confinement measures in combination with service closures and/or reduction in service availability may be taking a toll.

The study also provides some insight into the innovations adopted by drug services across Europe in response to the COVID-19-related challenges. When asked their opinions on what the post-COVID-19 'new normal' might look like for drug services in Europe, experts highlighted a number of changes that they considered would be advantageous to maintain after the first wave of the crisis has passed. The most commonly cited examples included the new flexibility associated with opioid substitution treatment service models and the potential future use of telemedicine approaches.

Introduction

In response to the COVID-19 pandemic in February 2020, European countries have implemented a range of containment and mitigation measures to reduce the spread of the virus among their general populations. While people who use drugs run the same risk of infection with COVID-19 as the general population, they also face additional risks and vulnerabilities that need both consideration and mitigation (EMCDDA, 2020). The emerging evidence suggests that European drug services, like other healthcare providers, face a range of challenges in maintaining adequate provision for their clients. In many instances, services have had to be innovative and adapt very rapidly in response to the new and fast-changing landscape in the wake of the pandemic and associated national control measures.

Very limited information is available at European level on the challenges faced and the adaptations made by drug treatment and harm reduction services following the emergence of COVID-19 in the Member States. In order to gain an insight into the impact on drug services and the adaptations being made since the beginning of the pandemic in Europe, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) initiated an investigative rapid assessment using the agency's trendspotter methodology. This study was conducted in April 2020. The primary aim of the study was to provide a rapid snapshot that would increase our understanding on the impact of COVID-19 on the demand for and provision of drug services across Europe.

Recognising the potentially harmful consequences of COVID-19 and related restrictions on drug services for people with more severe drug problems, including opioid users and people who inject drugs, this first EMCDDA briefing concentrates on the implications for drug treatment and harm reduction services for these client groups. Future investigative rounds will explore the impact on service provision for stimulant and cannabis users as well as focusing in more detail on interventions delivered in prisons, interventions in recreational settings and online interventions.

The trendspotter methodology

The trendspotter methodology is based on the triangulation of a range of investigative approaches and data collection from multiple qualitative and quantitative sources with a systematic analysis incorporating the use of expert opinion (EMCDDA, 2018). Specifically, for this COVID-19 impact study, the methodology was adapted to suit online investigation, taking into account the national emergency restrictions on both the EMCDDA team and the study participants (Figure 1). The study has been divided into a number of investigative and reporting waves, with the first wave focusing on the impact of COVID-19 on drug service provision and help-seeking.

For this current online briefing, the results of the following data collection exercises have been brought together in the analysis:

- review of the international literature and available epidemiological data;
- three online expert surveys, sent to the Reitox network of national focal points, an existing EMCDDA network of trendspotters, and a sample of European professionals in the treatment and harm reduction field;
- a mini-survey, the European Web Survey on Drugs: COVID-19, in 21 languages, targeting adults aged 18 years or over with experience of illicit drug use, aimed at gathering information on changes in drug consumption behaviours in Europe due to COVID-19, and also including questions on help-seeking and perceptions of service availability;
- four virtual facilitated groups made up of 34 European drug professionals, researchers and representatives of advocacy groups, and one virtual facilitated group of 10 Italian drug professionals.

Where results are literature-based, references are cited; otherwise, findings are based on EMCDDA monitoring and the qualitative sources described above.

This briefing summarises the study findings of the first wave of the study focusing on drug services. This will be followed shortly by a second online briefing reporting on a second wave focusing on the findings on the impact of COVID-19 on patterns of use and harms in Europe.

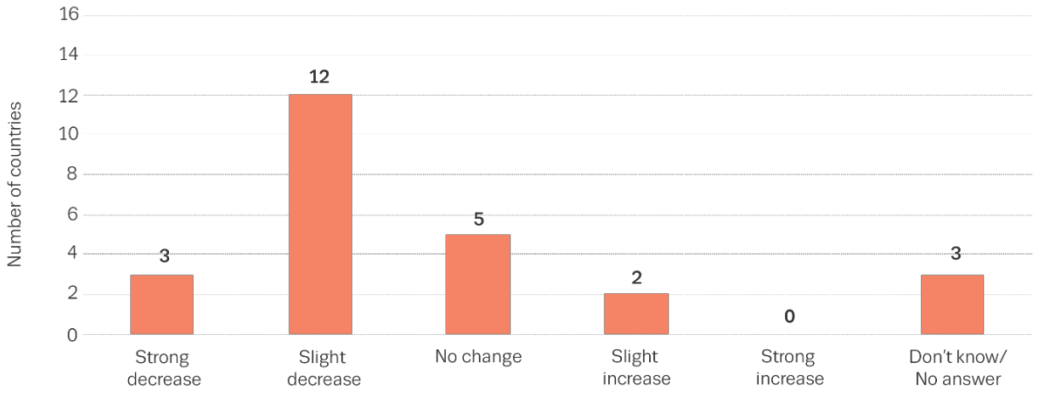
FIGURE 1
Adapted trendspotter methodology, April 2020

What have been the main changes and challenges for European drug services since the emergence of COVID-19?

A survey of national focal points carried out during April 2020 suggests that the impact of COVID-19 and related national containment measures appears to have resulted in reduction in the availability and provision of treatment and harm reduction services in most European countries (Figures 2 and 3).

FIGURE 2

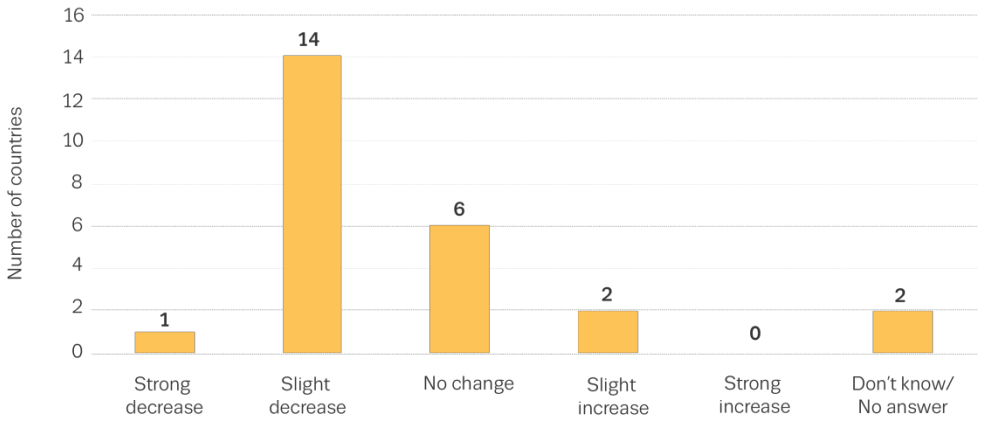
Changes in the availability and provision of drug treatment services in the EU and Norway since COVID-19 containment measures have been implemented, based on reporting from Reitox national focal points



Source: Online survey of Reitox national focal points, April 2020.

FIGURE 3

Changes in the availability and provision of harm reduction services in the EU and Norway since COVID-19 containment measures have been implemented, based on reporting from Reitox national focal points

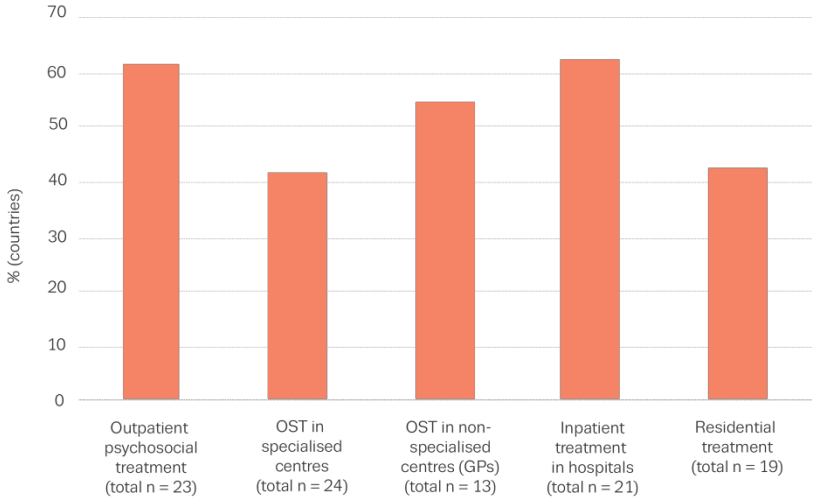


Source: Online survey of Reitox national focal points, April 2020.

As is the case for many general healthcare providers during this public health crisis, drug services have needed to remain operational under restricted conditions. This has often required significant adaptations to established service delivery models. In some countries or regions, drug services are reported to have been discontinued or closed down. In particular, specialised outpatient facilities that have not been able to implement the required national protection measures have been closed in a number of countries. Specific examples of services that have suspended provision include drop-in centres and low-threshold agencies in some regions of France and Italy, and drug consumption rooms in Norway and in some German cities (Figures 4 and 5).

FIGURE 4

Closure or significant reduction of drug treatment services since COVID-19 measures were implemented in the EU countries and Norway, based on reporting from Reitox national focal points

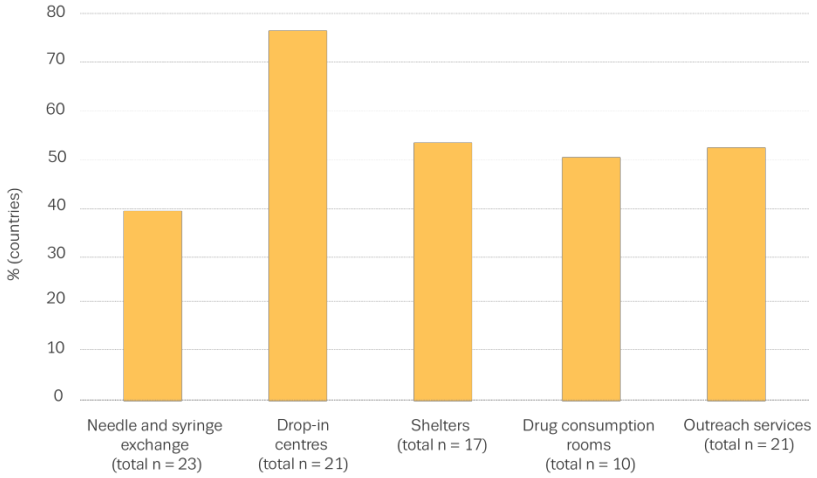


Note: Services are not available in all countries. The percentage represents the number of countries reporting some service closures or reductions as a proportion of the total number of countries reporting that this intervention is nationally available.

Source: Online survey of Reitox national focal points, April 2020.

FIGURE 5

Closure or significant reduction of harm reduction services since COVID-19 measures were implemented in the EU countries and Norway, based on reporting from Reitox national focal points



Note: Services are not available in all countries. The percentage represents the number of countries reporting some service closures or reductions as a proportion of the total number of countries reporting that this intervention is nationally available.

Source: Online survey of Reitox national focal points, April 2020.

As is the case for most public and specialist health services, the operational models for drug services often require face-to-face contact with individuals or groups. This means that services have needed to implement fundamental operational changes. Adaptations reported have included the provision of protective equipment for staff, the introduction of protocols for reducing the risk of transmission to both staff and clients, the implementation of strict social distancing rules and the use of physical barriers to protect staff who interact with clients. Where this is feasible, services have largely replaced face-to-face contacts with telemedicine (by phone or video). Service providers also noted there was a need to increase the capacity of their outreach programmes to cater for the needs of more socially excluded and marginalised groups.

Preliminary findings from this study highlight a number of significant challenges faced by both drug services and their clients:

- **Access to personal protective equipment (PPE) for staff.** Reports highlight the serious difficulties faced by drug services in accessing PPE at the beginning of the pandemic in many countries. For example, Italian drug treatment professionals reported major shortages of PPE during the first three weeks of the crisis. This undoubtedly reflects the overall shortage of such equipment for healthcare professionals in most EU countries during the early stages of the pandemic. By mid-April, drug professionals surveyed in this study reported that access to PPE for drug service staff had greatly improved.
- **Informing and educating clients about COVID-19.** Challenges reported here included persuading clients of the importance of essential prevention measures to protect both themselves and the staff. Respecting social distancing measures appeared to be particularly challenging for certain client groups. In addition, some marginalised groups were reported to be 'out of the loop' in terms of being updated on national public health guidance during this fast-evolving crisis. This was particularly evident when containment measures and stay-at-home orders were introduced, often clashing with the street-based lifestyle of some populations, including homeless people and undocumented migrants. In many instances, however, professionals in our study were positive about the collaboration between clients and staff on respecting rules and keeping preventive measures in place.
- **Management of clients infected with COVID-19.** Most health professionals surveyed did not report identified cases of infected clients. However, seven experts reported five or fewer COVID-19 cases among their clients, two reported more than 10 cases and one Belgian doctor involved in opioid substitution treatment (OST) provision reported that two of his clients had died from COVID-19. These experts reported some difficulties with management of clients with COVID-19, in terms of both maintaining quarantine measures and dealing with client anxiety about the situation, especially among more marginalised users.
- **Concern about staff vulnerability to infection.** Many workers in drug services are exposed to a similar risk of infection to other frontline healthcare professionals during this pandemic. And closure of some drug services has resulted in additional pressure on those staff who remain working in operational services. Reports highlight particular challenges for frontline services that were obliged to take on increased responsibilities while at the same time having to implement new service models in response to COVID-19 prevention measures.
- **Staff shortages.** These were commonly reported as a result of a number of factors, including staff being unable to work because of family responsibilities (e.g. childcare), staff being quarantined, and alternating shifts to reduce infection risks to the whole staff resulting in fewer staff available at any given time. Alternating shifts was a common feature of the adapted work schedule in a number of services, including outpatient treatment services and drug consumption rooms. Finally, a number of drug services reported that their medical personnel had been reallocated to COVID-19 emergency departments. For example, the drug consumption room in Oslo was closed because 12 nurses had been reallocated to COVID-19 medical care in the general healthcare system (see Table 1).

- **Difficulties for marginalised clients in accessing essential hygiene-related services.** Good hygiene is required to reduce the risk of infection, and for this purpose showers, soap and clean running water need to be readily available. Respondents indicated that these essentials were not always in place for their clients. In addition, some difficulties in accessing food and purchasing medications were reported, largely as a consequence of the economic difficulties resulting from a reduction in income-generating activities (including begging). Overall, experts feared that levels of marginalisation are likely to increase as a consequence of COVID-19, while some already marginalised groups who use drugs were likely to experience further social erosion.
- **Challenges linked to the use of remote technology (phone and video).** Various remote technologies have been strongly promoted as a safer alternative to face-to-face contact during the pandemic, and these new opportunities have also been taken up by drug service providers. While the benefits of such approaches were evident in relation to maintaining contact with clients and providing counselling services, a range of problems also emerged during the lockdown period. These included difficulties in convincing both clients and some staff to adopt remote technologies. There were concerns expressed around the loss of human contact during individual therapy, counselling and group therapy, as traditionally used in a number of services. It was also suggested that the use of remote technology could increase inequality by excluding those clients and service providers who do not have access to computers or mobile phones. More marginalised clients and those with comorbidities were considered to be particularly disadvantaged in this respect. There were also some concerns among service providers about client-counsellor confidentiality, especially with regard to the use of video-based technology.
- **Difficulties in enrolling new clients.** Challenges in enrolling new clients were reported by services in a number of countries, and these were highlighted particularly in relation to new clients entering residential services, pharmacological detoxification and OST.

  Many residential treatment facilities, such as therapeutic communities, were reported to be following a similar approach to other non-drug-related residential care facilities, such as retirement homes. This included closing access to the programmes for new clients and a reduction in group activities within facilities. In most cases, external visits were suspended, and exits for clients finishing their therapeutic journey were delayed. There were, however, no reports of residential facilities being hotspots for COVID-19 outbreaks, as nursing homes have been in some countries. A particular therapeutic challenge for residential drug services has been the need to reduce or stop interventions requiring social proximity or group therapy, which often constitute an important part of the therapeutic process in these facilities.

  In addition, pharmacological detoxification requiring hospitalisation was reported to have been discontinued in most countries. This is in line with a reduction seen elsewhere in non-essential hospitalisation affecting a wide range of chronic medical conditions during the confinement period. There were also reports from some countries of cases where drug addiction wards in psychiatric hospitals, which are typically responsible for carrying out pharmacological detoxification, had been requisitioned to support anticipated increases in demand for COVID-19-related hospitalisation.

  Finally, initiation of OST for new clients was reported to have been particularly challenging at the start of the pandemic, as diagnosis and induction of the treatment generally requires several face-to-face meetings between the client and the prescribing doctor.

- **Managing the demand for substitution treatment.** A common priority observed across a large number of European countries was the need to ensure that clients already in OST continued to have access to this treatment, and that new clients demanding this treatment could obtain it (e.g. through low threshold OST programmes). Implementing new policies

focusing on ensuring continuity of care involved a significant mobilisation of key actors in the field as well as the implementation of innovative approaches at service, community and policy levels (discussed later in this briefing). However, for European countries with low OST coverage levels and low treatment coverage levels in general prior to COVID-19, it appears to have been particularly challenging to implement such policies. Furthermore, some countries (Belgium, Czechia and Hungary) reported shortages of OST medications, which, however, had already been observed in some cases prior to COVID-19.

- **Potential for unintended consequences of rapidly implemented adaptations.** European health services including drug services were largely unprepared for such an unprecedented public health crisis as COVID-19, and contingency plans were rarely in place. Service adaptations have necessarily been rapidly implemented and it is likely that the full ramifications of the measures adopted will emerge only with time. Some concerns were raised by study participants, for example, about the potential for increased numbers of fatal overdoses due to large take-home doses of OST prescribed by some services, in order to reduce visits to pharmacies or clinics. In addition, the focus on securing care for people with opioid problems in most countries, and problem stimulant use in a few, may have resulted in those with problems with other drugs, cannabis and cocaine users for example, receiving less attention during this period.

Case study 1: COVID-19 and drug services in Italy – providing services in the eye of the storm

Italy was the first European country to be severely affected by the COVID-19 pandemic. The first case was detected on 31 January and the first deaths were recorded on 22 February 2020. As of 4 May 2020, Italy has reported 210 717 cases and 28 884 deaths (ECDC, 2020). Within the country, the northern regions were early on the epicentre of the epidemic, and quarantine zones, so called ‘red areas’ were put in place to contain its spread.

For the purpose of this study, a virtual facilitated group with 11 Italian drug professionals explored the challenges faced by Italian drug services during the height of the first weeks of the epidemic.

As a first response, most drug services in Italy were forced to reduce and re-organise their activities. This was in part in response to the impact of lockdown measures, with staff shortages resulting from both the transfer of personnel to COVID-19 dedicated hospital units as well as staff being infected with the coronavirus. There was also a reported reduction in help seeking behaviour, in particular for cocaine, alcohol and cannabis-related problems.

Experts explained how certain drug services were discontinued (e.g. new admissions to residential treatment), adapted (e.g. fewer requirements stipulated for take home doses of OST) and in some instances expanded due to an increased demand (e.g. outreach units providing services to homeless, sex workers and other marginalised groups). COVID-19 infections among clients of the drug professionals participating in the focus group were reportedly limited, and with only mild health consequences. Several cases were also reported among their staff. Subsequently more stringent prevention measures were implemented by services, including fever scanning before allowing access to services, hand-washing and mandatory use of masks.

Therapeutic communities (TC) play an important role in the Italian drug treatment landscape and Italy has the highest number of TCs in Europe (EMCDDA, 2014). In these services, experts highlighted particular challenges linked to the management of quarantine restrictions including difficulties providing individual space for self-isolation, as well shortages of protective material and coronavirus tests. COVID-19 prevention measures also interfered with a number of interventions that underpin the therapeutic approach used in this setting.

Management of the epidemic in prisons was also a challenge early on in the Italian COVID-19 outbreak. Specific measures for the management and control of the spread of infections were quickly adopted and, as in other

European countries, regulations allowing the early release of detainees were also implemented in Italian prisons. However, the prohibition of external visits at the start of the epidemic led to protests. In Modena and Milan prisons, people broke into prison pharmacies and ingested large quantities of opioids used to treat drug addictions. Nine people died in one day in the Modena's prison, although toxicological confirmation is on-going (ANSA, 2020).

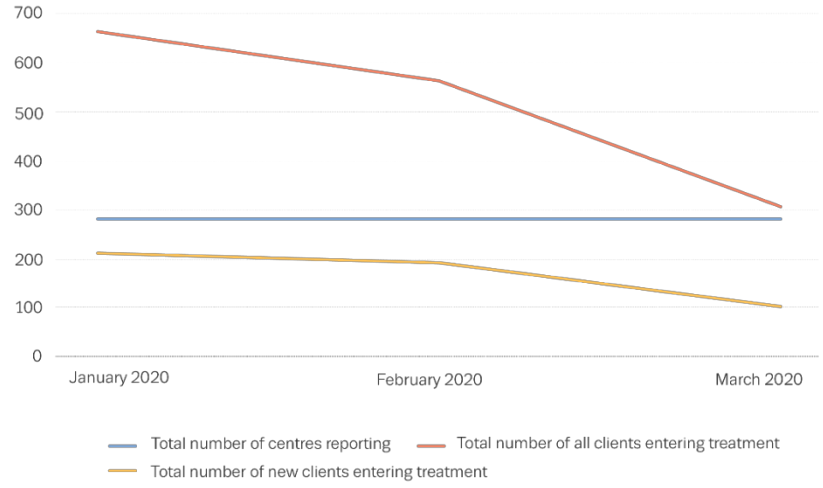
As observed in other countries, the challenges and adaptations by drug services to this public health crisis was reported to have raised some questions that may impact on the future of the Italian drug treatment system. Drug professionals expressed the need in the future to consider changing current approaches to the doctor-patient relationship and to review traditional models of service provision. They reported that the majority of clients have displayed a high level of responsibility in respecting public health measures and adhering to drug treatment, including pharmacological treatment, throughout this on-going crisis.

How has COVID-19 affected help-seeking and treatment demand?

A snapshot of the evolution of demand for specialised treatment between January 2020 and March 2020 provides a first insight into the impact of COVID-19 on drug services and help-seeking. Although clearly not representative of, or generalisable to the whole of the EU, available treatment demand data from four countries (Bulgaria, Ireland, Lithuania and Portugal) reveal an overall reduction of more than 50 % in clients entering drug treatment between January and March 2020 (Figure 6). This reduction was particularly marked for opioid users, but, although the numbers are smaller, similar reduction rates can be observed for users of other substances (Figure 7).

FIGURE 6

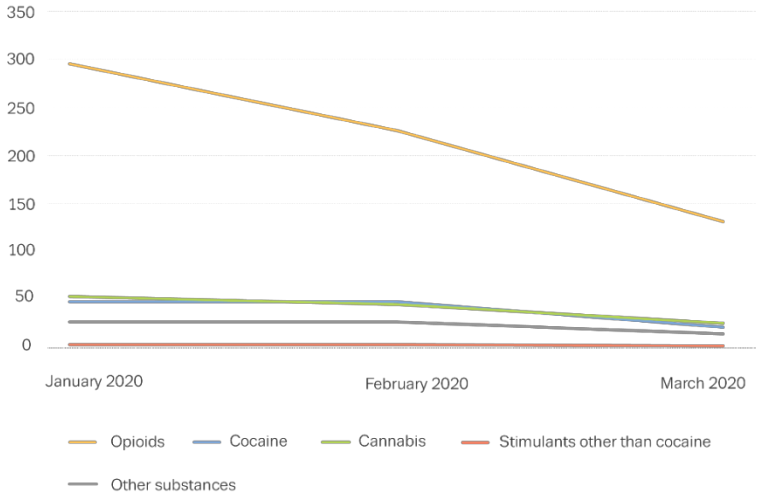
Preliminary data on the number of all clients and new clients entering treatment between January and March 2020 in four EU countries



Source: Snapshot Treatment Demand Indicator (TDI), April 2020. Data from Bulgaria, Ireland (sentinel centres, only total number of all clients), Lithuania and Portugal.

FIGURE 7

Preliminary data on all clients entering treatment by main drug between January and March 2020 in four EU countries



Source: Snapshot Treatment Demand Indicator (TDI), April 2020. Data from Bulgaria, Ireland (sentinel centres, only total number of all clients), Lithuania and Portugal.

The observed decreases in both new and all clients entering drug treatment can be attributed to several factors highlighted above. Confinement measures have made it difficult for clients to reach treatment centres, and particular problems may exist for people travelling from rural areas, where there may be lack of public transport. Furthermore, many treatment centres have been obliged to reduce their service provision in order to apply the required COVID-19 prevention and distancing measures (reduced opening hours, fewer contacts, etc.) and have been affected by staff shortages. There has also been a reported reduction in the range of interventions delivered, and in particular a decline in interventions involving prolonged physical contact, such as psychosocial treatment. It was also reported that some of the reduction observed among cannabis clients entering treatment was likely to be explained by a drop in referrals coming from the criminal justice system in some countries during the COVID-19 confinement period.

This decline in service provision may have been partially compensated for through changes to existing modus operandi, as described in the next section. It should, however, be noted that a number of countries provided access to OST to new clients through novel low threshold OST programmes (see case study 2) and this would not be reflected in the specialised treatment demand data presented here. At the beginning of the pandemic there were also difficulties in enrolling new clients into OST within specialised treatment centres, which reportedly improved in some countries by mid-March and April. It will be interesting to see whether future analyses with data for April and May will show a rebound in treatment demand.

In spite of this overall decline reported in help seeking and service availability, some increases in opioid users seeking to access OST in the initial phases of the COVID-19 crisis were reported in a number of countries, including Czechia, France, Italy and Luxembourg. This was in part linked to a possible reduction in heroin availability on the illicit market, but was also associated with the closure of some services, which in turn increased pressure on those remaining open.

Unlike experts from drug treatment services, those from European harm reduction services presented, in general, no changes or even increases in the demand for help-seeking among their client groups. Some of the reasons reported included an increase in requests for social support (accommodation, food, hygiene, income) and a need to access low-threshold OST (assumed to be due to a shortage of heroin on the market in some countries). High levels of client anxiety, which some experts posited to be associated with an observed increase in benzodiazepine and alcohol use among clients, were also identified as a factor contributing to an increased need for support from harm reduction services.

Some people seeking help were reported to be new to services, and professionals in some countries reported an increase in treatment and harm reduction demand from sex workers using drugs and from people recently released from prison as part of COVID-19 measures taken by several countries.

Importantly, large variability in terms of service offer and demand for support were reported between countries and also within countries. The situation is also rapidly evolving; in particular, drug professionals indicated an increase in specialised treatment demand during the final weeks of April. In addition, it is reported that some users, including cannabis and cocaine users, may be becoming increasingly aware of their problem substance use as the confinement period is extended.

Mini European Web Survey on Drugs — impact of COVID-19 on intention to seek help among people who use drugs

The EMCDDA mini European Web Survey on Drugs: Covid-19 aims to collect perspectives from people who use drugs on the impact of Covid-19-related restrictions. During the first wave, around 3 700 respondents completed the online questionnaire in one of the 21 languages made available between 8 and 27 April 2020. Respondents from Estonia, Ireland Spain, Italy, Latvia, Lithuania and Luxembourg) accounted for 80 % of the sample. While web surveys are not representative of the general population, when carefully conducted, they can help to paint a comprehensive, realistic and timely picture of drug use in Europe and, in the context of this study, the survey contributes to the overall analysis of the situation and of the changes associated with the COVID-19 pandemic and its consequences.

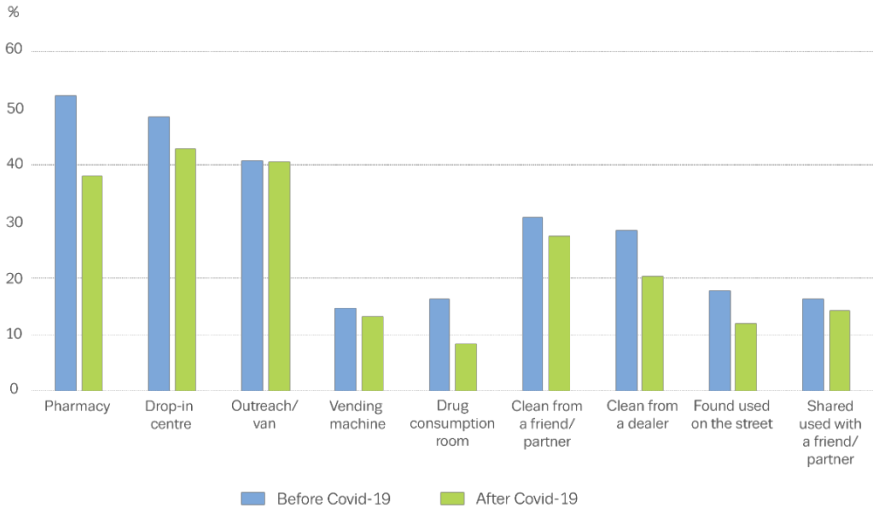
In the 30 days prior to responding to the survey, more than half of the sample reported having used some form of cannabis product; 10 % reported use of ecstasy/MDMA, cocaine, amphetamines or non-prescribed opioids other than heroin. More than 6 % had used heroin during the same period.

How have COVID-19 confinement measures affected help-seeking behaviours?

The intention to seek professional support to reduce or abstain from use, for example through counselling or drug treatment, remained unchanged for most respondents. However, for about 15 % of the sample, the introduction of COVID-19 containment measures resulted in either reduced (9 %), or elevated (7 %) intention to seek support. Of the countries with most survey respondents, the largest proportion of those with an increased intention to seek help came from Ireland (15 %), while Lithuanian respondents showed the greatest reduction (12 %). In parallel, 6 % of the overall sample reported higher use of remote professional help, including phone-, video- or web-based drug services, with most of these respondents living in Spain (19 %) and Ireland (14 %). These numbers may reflect factors including changes in respondents' personal situations and the increased availability of remote technology.

Among the 261 respondents who reported injecting a drug in the previous 12 months, 20 % stated that clean injection material had become less accessible as a result of COVID-19 restrictions. Most of the usual sources of clean syringes were used less during the weeks after restrictions were imposed (Figure 8). The reduction in use is most pronounced for pharmacies, drug consumption rooms and drug dealers.

FIGURE 8
Access to syringes before and after COVID-19 among people who inject drugs — European Web Survey on Drugs: COVID-19 (*n* = 261)



European drug services and access to COVID-19-related guidelines and recommendations

In Europe's health systems, clinical and public health guidelines are used to ensure that evidence-based interventions are provided to all patients in need. Relatively early in the development of the COVID-19 pandemic, several international organisations, including the World Health Organization (WHO) and the European Centre for Disease Prevention and Control (ECDC) published public health recommendations, which were available for adaptation at the national level.

Twenty-three European countries reported on the availability of specific guidelines for in drug services on responding to the COVID-19 emergency. Of these, eleven countries had rapidly developed specific guidance addressing drug services or drug-related problems. Four countries had translated guidelines or briefings published by international organisations such as WHO and ECDC (including an update published by the EMCDDA). Five countries reported having adapted national guidelines produced for health services to the needs of drug services.

Among the countries reporting some availability of targeted guidelines for drug services or drug-related problems on responding to COVID-19, a proportion reported the publication of national-level guidelines, while in others individual services including non-governmental organisations (NGOs) had self-organised and issued their own guidelines. Some national guidelines prioritise populations at particular risk. In Czechia, for example, guidelines issued in April 2020 included a focus on off-label use of psychostimulants for methamphetamine dependence. During the same period, the Netherlands issued guidelines on COVID-19, homelessness and drug use. Luxembourg, in its general health guidelines, mentions homeless people and drug users as groups at higher risk of infection. Germany has issued guidelines to support an increase in take-home OST, with the aim of reducing crowding in drug services. Denmark has released guidelines on the treatment of acute opioid withdrawal, in preparation for the possibility that the closure of national borders will reduce the availability of illicit heroin. Ireland has also addressed opioid withdrawal and overdoses through the preparation of a contingency plan including guidance on the continuation of OST for people in isolation. All the

guidelines are available in dedicated national or service web pages making clear reference to the COVID-19 emergency.

What have been the main adaptations and innovations implemented by European drug services?

Preliminary findings from this study reveal a wide range of adaptations made by drug services and innovations introduced in terms of service delivery, with many similar characteristics reported across European countries. In some countries, both NGOs and civil society organisations are reported to be playing a particularly important role. The provision of frontline harm reduction interventions in Europe pre COVID-19 was commonly the responsibility of NGOs and, with the emergence of the virus, these actors have found themselves at the forefront of the response to COVID-19 for people with more severe forms of problem drug use and other health and social comorbidities. It is often reported that, in order to be effective, a rapid response to the needs of the drug-using population needs to be based on efficient collaboration between NGOs, governmental institutions, and public and private health and social service providers; in some cases, this new form of collaboration has been an innovation in itself (see Case Study 1).

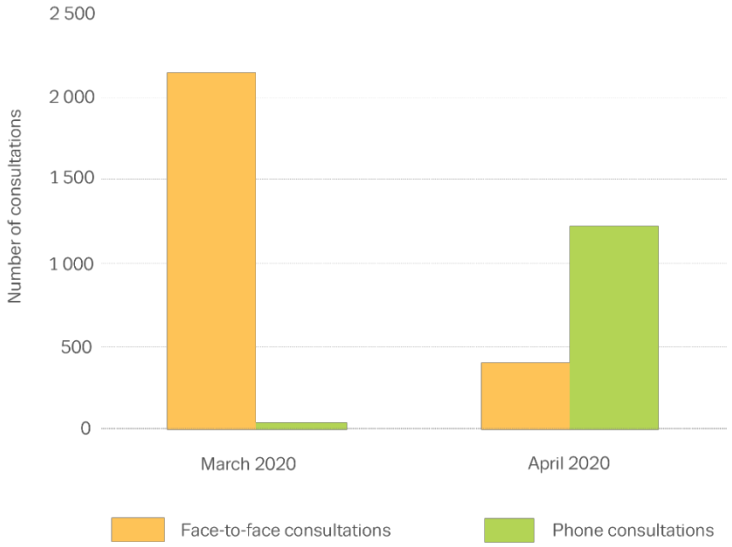
However, the extent of the innovations implemented in countries appears to be dependent on the national context, including current policies, levels of service provision and available financial resources. Examples of new interventions initiated in response to the COVID-19 pandemic include first-time distribution of nasal spray naloxone in Portugal, implementation of a mobile drug consumption room in Portugal and a temporary drug consumption facility in a shelter in Spain, home delivery of OST medications in Ireland, remote prescribing of OST medications in various countries and low-threshold OST provision in Luxembourg.

In general, the main adaptations observed across European drug services involved the implementation of preventive measures to reduce the risk of infection, such as social distancing rules, use of PPE for staff and structural changes to physical centres to permit visits while maintaining social distancing. The adaptations and innovations described below represent some of the main changes that have emerged during the confinement period.

Telemedicine

As face-to-face counselling and visits to clinics were generally stopped or significantly reduced from the start of containment measures, telemedicine by phone or video has been widely embraced as an alternative across European drug services (see Figure 9 for the example of a Latvian treatment centre). This option was especially beneficial for people with less severe forms of drug use; treatment that involves primarily psychological counselling (e.g. for cannabis or cocaine users); first service contacts; and long-term stable OST clients. Phone helplines and online professional harm reduction forums also provided alternatives for recreational users seeking support during this period.

FIGURE 9
Numbers of face-to-face and phone consultations at the Riga Addiction Medicine Centre, Latvia, in March and April 2020



Source: Inga Landsmane, Riga Addiction Medicine Centre.

Innovations and adaptations in opioid and methamphetamine substitution treatment

It is estimated that nearly 700 000 people currently receive OST in Europe (EMCDDA, 2019). Since COVID-19, service providers in the field have had to act rapidly and change the way that OST is provided, both to ensure access to medications for those already in treatment and to respond to new treatment demands. Several important adaptations have been observed across Europe:

- In order to reduce the number of visits to prescribing doctors and clinics, some countries have implemented a relaxation of the regulations or legal framework on take-home OST for stable OST clients. The changes reported have included prescriptions of OST medications being extended for longer periods, prescription of larger quantities, changes in dosages and products, and reduction in or no urine testing or supervised intake. Changes in prescribing modalities were also reported, with a preference expressed in some cases for electronic prescriptions being sent directly to pharmacies. For example, to ensure continued access to OST in Ireland during COVID-19, medications are delivered to the client's home, and a photograph is taken using a mobile phone to verify the identity of the recipient and to avoid the need for signatures.
- In order to ensure access to OST for the most vulnerable clients, outreach through mobile OST programmes has been deployed in a number of countries, such as Czechia, Spain, Portugal and Slovenia. Provision of rapid access to OST for new clients has been made possible through the establishment of new low-threshold programmes, for example in Luxembourg (see Case Study 2), and in some cases through modifications to the standard OST induction procedures.

- A novel maintenance treatment for methamphetamine has been approved in Czechia, involving the prescription of methylphenidate to reduce methamphetamine-related cravings (SNN ČLS JEP, 2020). Formal approval was fast-tracked to ensure that methamphetamine-dependent users seeking treatment could manage abstinence at a time when their access to psychosocial and inpatient treatment was disrupted.

Case study 2: A new low-threshold OST programme in Luxembourg

In a rapid response to the recent COVID-19 crisis, Abrigado, a Luxembourgish NGO, has developed an innovative opioid substitution programme that is the first low-threshold programme in Luxembourg. The service includes visits from a doctor three times a week to prescribe medical treatment, and there is an infirmary open seven days a week. Abrigado works in close collaboration with a local pharmacy, which provides prescriptions of Mephenon, Lysox and Valium. Only adult clients who are not currently enrolled in a programme are given access to OST. Some clients visit daily to take their medication; others can take away up to three days' worth of medication at a time. Every client is registered in the service system and each client's treatment journey is documented and adapted as necessary.

There were a number of drivers behind the rapid implementation of this first low-threshold OST programme, in particular an emerging shortage of drugs on the illicit market associated with tighter controls on and the closure of national borders. This context provided an incentive for the national authorities and Abrigado's management to cooperate on implementing a substitution intervention offering a medical alternative to illicit substances. All parties met several times in March and April and developed a consensus on the beneficial aspects of such a service offer.

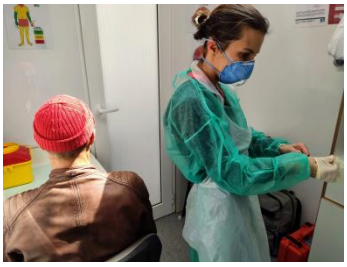
Source: Lionel Fauchet, Abrigado.

Innovation and adaptation in harm reduction services

Many European harm reduction services have been heavily curtailed as a result of COVID-19 and national confinement measures. The majority of European drug-checking services have stopped their face-to-face activities but have simultaneously increased their online presence, providing harm reduction services for recreational users in home settings. Low-threshold centres and drop-in centres have also experienced severe disruption as a result of social and physical distancing measures preventing the gathering of clients inside or outside their locations. In order to ensure access to essential drug services and harm reduction services, many providers have switched to the promotion of remote services or have made adaptations that reduce the need for physical contact. For example, some needle and syringe exchange programmes have encouraged users to take away larger quantities of injecting material and harm reduction material. Some services in France have used the postal system to deliver harm reduction material to users at home. In Split, Croatia, and also elsewhere, self-service harm reduction spots have been established to facilitate access to vital equipment while reducing physical contact.

Self-service spot providing harm reduction material, managed by clients themselves, in a low-threshold service in Split, Croatia, during the COVID-19 pandemic

Source: Nevenka Mardešić, HELP Association.



Drug worker with PPE in a new mobile drug consumption room in Lisbon, Portugal

Source: Programa de Consumo Vigiado, Grupo de Ativistas em Tratamentos and Médicos do Mundo

Most European drug consumption rooms appear to have remained operational throughout the lockdown (Table 1), although with important changes to their modus operandi (staff rotation, fewer clients at a time, etc.). Portugal and Spain have also seen the introduction of mobile drug consumption rooms during this period.

In many countries, shelters have played a key role in accommodating homeless people during the confinement period. Adaptations to shelter rules were often reported as necessary to facilitate access for a variety of people, including families with children and people with pets, and measures included reducing restrictions on drug and alcohol intoxication. Temporary shelters have also been established in some countries by requisitioning hotels, setting up large tents or adapting residential treatment facilities. Many services, in particular those working with more marginalised users, have reported increased alcohol harm reduction activities as an important adaptation to their services.

TABLE 1
Preliminary overview of closures and adaptations among drug consumption rooms (DCRs) in some EU countries

Country	City	Source	Status	Adaptations to COVID-19
Norway	Oslo	–	Closed	None
	Bergen	–	Closed	None
Germany		Deutsche Aidshilfe	Most DCRs across Germany are open but two are closed (Bochum and Troisdorf)	No information
		Ragazza	Women-only DCR open	Night shelter closed
Portugal	Lisbon	Medicos do Mundo	DCR is open (extended opening hours)	Additional mobile DCR implemented

Country	City	Source	Status	Adaptations to COVID-19
Spain	Bilbao	Gizakia	DCR is open (extended opening hours)	Increased personnel; reduction in consumption spaces; every client is screened for COVID-19 before entering; a special protocol is in place in case of suspicion of infection, as well as a designated area for people suspected to be infected; use of masks and gloves is mandatory for all staff members; extra hygiene measures are in place; a new OST programme has been implemented
	Barcelona	Redan — La Mina	DCR is open (reduced opening hours)	The staff have been divided into two teams, alternating working days; use of protective equipment is mandatory for all staff; reduced number of injection spaces; additional hygiene rules have been implemented; every client is screened for COVID-19 before entering; a special protocol is in place in case of suspicion of infection (isolate and refer to emergency room). A new temporary drug consumption facility was set up inside a shelter.
France	Strasbourg	Ithaque	DCR open (normal working hours)	Welcome space is closed; only two clients are permitted in the consumption space at any time; use of masks is mandatory for staff, and staff meetings are held by videoconference; shared areas are disinfected hourly; fever screening and mandatory handwashing are in place; a special protocol is in place in case of suspicion of infection; there is no limit on the volume of single-use drug-use material per person
Netherlands	Amsterdam	AMOC, De Regenboog	DCR open (normal working hours)	Additional hygiene measures implemented, limited access to the DCR (number of people, time spent inside)
Denmark	Copenhagen	–	DCR open (normal working hours)	Smoking areas closed, reduced access, mobile DCR unit closed
Luxembourg	Luxembourg	Abrigado	Open	Alternating shifts for five fixed teams of seven workers each (and three teams of two workers for the night shelter) to reduce contacts within the whole team; limited access to allow for minimum safe distances; use of masks mandatory for staff and clients; fever screening for all clients entering the night shelter; new OST programme implemented

Source: Survey of DCRs by the Correlation European Harm Reduction Network, April 2020.

Case study 3: A harm reduction response to COVID-19 among people who use drugs and who are homeless in Dublin, Ireland

In early March 2020, the need to adapt quickly to support the public health response to COVID-19 was identified as a priority for frontline services working with people who use drugs and who are homeless in Dublin. The Health Service Executive, Dublin City Council and a number of NGOs acted rapidly, and in partnership, to establish seven residential units. These were opened in a matter of weeks, for the purpose of isolating symptomatic people who were homeless, and to 'cocoon' others who were non-symptomatic but who were clinically assessed as being vulnerable because they had underlying health conditions. NGO workers were redeployed to run these units and a clinical lead was appointed with responsibility for COVID-19 and homelessness in Dublin.

As a result of the initiative, the waiting time for OST (specifically methadone) was reduced from 12 weeks to 2-3 days for people who were homeless and opioid-dependent. Benzodiazepine stabilisation prescriptions were provided for people in isolation/cocooning. Importantly, prescriptions were delivered by two NGOs to people who were homeless and isolating in accommodation across Dublin.

The state's response of providing accommodation and increasing the accessibility of prescription drugs (particularly, but not exclusively, methadone and benzodiazepines) has helped to stabilise people and encourage them to remain in isolation, which in turn has contributed to reducing the spread of COVID-19.

As of 24 April 2020, in Dublin City, among this cohort:

- A total of 33 people had been diagnosed with COVID-19 since the beginning of the crisis
- Three clusters (i.e. two or more cases) of COVID-19 had been identified within homeless accommodation, all of these consisting of two cases only
- There had been no known COVID-19 related deaths.

The number of COVID-19 cases among this cohort was lower than had been anticipated; for example, in the week of 24 April, nearly 200 COVID-19 cases had been expected, but only four cases were reported. Similarly, more clusters of cases within homeless accommodation and some associated deaths had been anticipated.

For people who use drugs and are homeless, harm reduction has been, and will continue to be, an important part of the public health response to COVID-19 in Dublin; it is considered crucial both to help stop the spread of the virus and to reduce drug-related harm.

Sources: Tony Duffin, Ana Liffey Drug Project, and Dr Austin O'Carroll.

What will be 'the new normal' for drug services after the lockdown?

It is anticipated that during the coming months most European governments will lift the state of emergency and gradually ease the confinement measures that their citizens are under. As populations learn to live with the coronavirus, it is clear that many preventive and distancing measures will need to remain in place to minimise the risk of infection.

Like other health disciplines (e.g. dentistry, dermatology, etc.), drug services will be expected to maintain a broad range of structural and individual health protection measures. It can be expected that some of the staffing shortages observed during the confinement period will ease and that it may be possible to improve physical access to services, as well as protection for clients, through the implementation of a range of service adaptations (e.g. longer opening hours, appointments only, mandatory use of masks for all clients, regular disinfection of the premises, no waiting rooms). It has already been reported that the European Federation of Therapeutic Communities is drawing up a new protocol for welcoming new clients, to be applied from May 2020.

It is anticipated that drug services may need to address the needs of clients who were less of a focus during the early stages of the COVID-19 crisis, including cannabis and cocaine users. It can also be expected that most services will produce contingency plans to maintain operations in case of a second wave of COVID-19 infections in their country.

When asked their opinions on what the post-COVID-19 'new normal' might look like for drug services in Europe, many of the experts surveyed expressed cautiously positive views. In many countries the crisis was presented as opening a 'window of opportunity' which allowed for the initiation of new service models and developments. In particular, a number of the rapidly introduced service changes were perceived as positive, and respondents considered that it would be advantageous to maintain these after the first wave of the crisis has passed. The most commonly cited examples centred on continued and future use of telemedicine. Both staff and clients have in a very short time frame become accustomed to the use of phone and video technology to provide and receive drug services remotely. Nevertheless, it was emphasised that telemedicine needs to be considered as an efficient adjunct to, rather than a replacement for, face-to-face therapeutic services for a range of clients in the future.

Several drug treatment experts also mentioned that certain adaptations made to traditional OST provision during this period may potentially be more commonly accepted and integrated into new national OST approaches post COVID-19. They noted in particular the observed benefits of the relaxing of regulations that allowed a greater number of opioid users to access this treatment. Other developments reported as positive included reductions in urine testing, daily visits to clinics and supervised consumption of medication. A number of experts reflected that it might be difficult to medically justify a reversal of these adaptations, as many clinicians observed relatively good management of this new treatment approach by their clients.

Efficient coordination and collaboration between public, private and non-governmental actors during this time of crisis was welcomed by contributors and was considered to be particularly beneficial for service users. However, the negative forecasts for national economies in the coming months were seen as highlighting a particular risk for drug services, with the potential for funding cuts in health budgets and a likelihood of increased marginalisation for certain social groups. Nevertheless, many respondents remained hopeful that the wide range of changes and gains made during the past 2 months in terms of innovation and collaboration in the drugs field would become the new normal for the foreseeable future in Europe.

Drug-related harms during COVID-19 — EMCDDA trendspotter briefing June 2020

The focus of the next EMCDDA trendspotter briefing will be on the impact of COVID-19 on patterns of drug use and harms.

For people who use drugs, the COVID-19 pandemic may cause a wide range of harms, associated both with pre-existing health problems that can increase the risk of becoming seriously ill if infected and with factors linked to particular drug use behaviours.

People with chronic opioid and stimulant use problems are more likely to have compromised immune systems, chronic respiratory disease — for example linked to smoking tobacco and other drugs — and cardiovascular disease (Palmer, 2012; Thylstrup, 2015). People who use drugs who have chronic health problems are both particularly susceptible to COVID-19 infection and at greater risk of severe consequences if infected. These important issues and more will be explored in depth using the trendspotter methodology, with results made available by the EMCDDA in June 2020.

References

ANSA (2020), 'Rivolta in carcere a Modena, 9 detenuti morti', *Protesta alla Dozza*, 11 March 2020. Available at: https://www.ansa.it/emiliaromagna/notizie/2020/03/09/rivolta-in-carcere-a-modena-inchiesta_feb67370-2f6f-459c-ad23-d0b496ec18e9.html

European Centre for Disease Control (ECDC) (2020), https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea (accessed 4 May 2020).

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2020), *EMCDDA update on the implications of COVID-19 for people who use drugs and drug service providers*, EMCDDA, Lisbon.

EMCDDA (2019), *European Drug Report 2019: Trends and Developments*, Publications Office of the European Union, Luxembourg.

EMCDDA (2018), *Trendspotter manual: a handbook for the rapid assessment of emerging drug-related trends*, Publications Office of the European Union, Luxembourg.

EMCDDA (2014), *Therapeutic communities for treating addictions in Europe*, EMCDDA Insights, Publications Office of the European Union, Luxembourg.

Palmer, F., Jaffray, M., Moffat, M. A., Matheson, C., McLernon, D. J., Coutts, A. and Haughney, J. (2012), 'Prevalence of common chronic respiratory diseases in drug misusers: a cohort study', *Primary Care Respiratory Journal* 21(4), pp. 377-383.

SNN ČLS JEP (2020), 'Farmakologicky asistovaná léčba závislosti na pervitinu', https://snncls.cz/wp/wp-content/2020/04/SSL-pervitin-fin.pdf (accessed 4 May 2020).

Thylstrup, B., Clausen, T. and Hesse, M. (2015), 'Cardiovascular disease among people with drug use disorders', *International Journal of Public Health* 60(6), pp. 659-668

Resources on COVID-19

EMCDDA

- Topics page on COVID-19 and drugs: http://www.emcdda.europa.eu/topics/covid-19

Europe

- ECDC: https://www.ecdc.europa.eu/en/novel-coronavirus-china
- European Commission action and response team: https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response_en
- European Science Media Hub (European Parliament): https://sciencemediahub.eu/
- WHO Europe: http://www.euro.who.int/en/home

World

- CDC: https://www.cdc.gov/coronavirus/2019-nCoV/index.html and https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html
- WHO: https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Acknowledgements

The EMCDDA trendspotter team: Alessandro Pirona, João Matias, Linda Montanari, Katerina Skarupova, Marica Ferri, Isabelle Giraudon, Jane Mounteney, Sandrine Sleiman, Katarzyna Natoniewska, Bruno Guarita, Madeleine Kalisch, Paul Griffiths.

The Reitox network of national focal points.

All European health professionals who were involved in the different stages of this study, and the respondents to the mini web survey.